

## Step 4 - How to Enroll

### for the FY09 Employee Medical Insurance Supplement Program

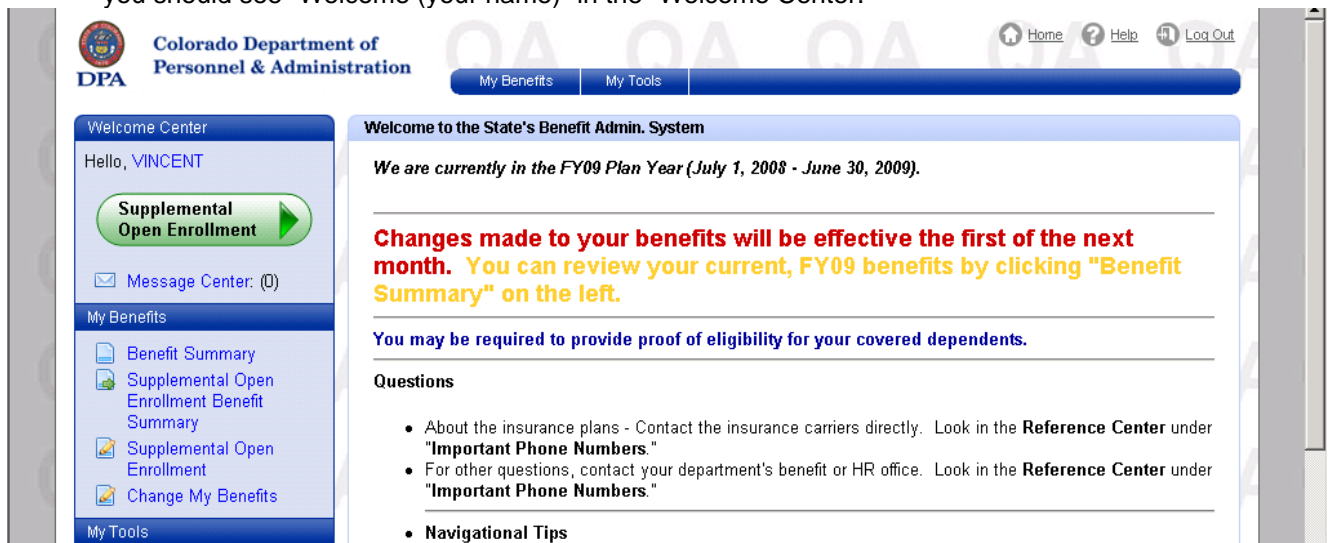
(Review these instructions ONLY after reviewing Steps 1 – 3 in the “Decision Questions” & Understanding Your Responsibilities” document)

**The Special Open Enrollment Period for the Supplement Program will be October 15 – 22, 2008. If your enrollment is not complete by 11:59 p.m., MDT, on Wednesday, October 22, 2008, you will not be able to enroll, you will not be able to receive the supplement and your application will be denied.**

- Go to the Employee Benefits Web site – [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits).
- Click on “Enroll / Change Benefits.” This will take you to the log in page for the online Benefits Administration System (BAS).
- Log in to the system using your username and password. If you do not remember your username or password, click on “Forgot your password” to be taken through a password recovery process.



- If you still have difficulties with your username or password, contact your department's Human Resources or Benefits office. You can find a list of each department's HR and benefits contacts on the Employee Benefits Website by clicking “Who is my human resources contact?” under “Related Links.”
- Once you have logged in, you will be brought to the BAS home page. In the box to the left, you should see “Welcome (your name)” in the “Welcome Center.”



- Click on the **BIG, GREEN “Supplemental Open Enrollment”** button in the “Welcome Center.”
- You will be taken through screens to verify your personal information and your dependents’ information. If necessary, please add qualified dependents or update dependents’ information accordingly.

Benefits Enrollment Guide

- Personal Information
- Dependent Information**
- Election Information
- Medical
- Dental
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### Step 2 - Dependent Information

Please confirm the dependent (spouse and/or children) information below. If you intend to cover any dependents they must be entered in this section. To continue to coverage elections, select next.

An unmarried child who is 19 or older but not yet 25, may be covered as a dependent if:

A) Has the same legal residence as the parent / employee; OR  
B) Is financially dependent upon the parent / employee.

FYI - Even though the definition of eligible dependent for Medical and Dental benefit purposes has been expanded, the benefits are not necessarily tax free. The fair market value of coverage for a child who is not a qualifying child or a qualifying relative under federal tax law is taxable.

**Please note:** Dependent(s) cannot be removed through the online system. If you no longer want to cover a dependent, then mark him/her as covered "No" in the elections section.

Alicia Employee			
Relationship	Address	Date of Birth	Gender
Spouse		04/17/1981	Female
		Student	
		No	

Kolten Employee			
Relationship	Address	Date of Birth	Gender
Child		10/29/1996	Male
		Student	
		Yes	

- Next, you will be brought to the medical insurance screen.
- *If you are not currently enrolled*, select the State medical insurance option you want.

Medical
Dental
Review
Confirmation

### Step 1 - Make Plan Changes

Your election is irrevocable and cannot be changed during the plan year, except as provided in the State of Colorado Salary Reduction Plan document.

If you are electing the PPO-H with HSA, you will not be allowed to elect the Health Care Flexible Spending Account.

For additional information relating to the Medical Plans, select the Reference Center icon above.

[View Detailed Plan Comparison](#)

Plan Choice	Your Cost per Month
Select Great West Open Access 1500	Employee Only \$38.92
	Employee and Spouse \$268.76
	Employee and Children \$182.72
	Family \$354.62
Select Great West Open Access 3000	Employee Only \$6.50
	Employee and Spouse \$197.44
	Employee and Children \$124.38
	Family \$257.36
Select Great West Open Access 750	Employee Only \$362.24
	Employee and Spouse \$980.04
	Employee and Children \$764.68
	Family \$1,324.56
Select Great West Open Access - H	Employee Only \$19.96
	Employee and Spouse \$227.04
	Employee and Children \$148.60
	Family \$297.74

- If you ARE currently enrolled, but your qualified dependents are not, you cannot change your current medical insurance. You can only add coverage for your dependents.

Dental Flexible Spending Account Review Confirmation

### Step 1 - Make Plan Changes

Your election is irrevocable and cannot be changed during the plan year, except as provided in the State of Colorado Salary Reduction Plan document.

If you are electing the PPO-H with HSA, you will not be allowed to elect the Health Care Flexible Spending Account.

For additional information relating to the Medical Plans, select the Reference Center icon above.

[View Detailed Plan Comparison](#)

Plan Choice	Your Cost per Month	
<div style="font-size: 2em; color: green;">✓</div> Selected	Employee Only	\$38.92
	Employee and Spouse	\$268.76
	Employee and Children	\$182.72
	Family	\$354.62
<div style="display: flex; justify-content: space-around;"> <span>Select</span> <span>Drop Coverage</span> </div>		

### Step 2 - Choose who you would like to cover in this plan

Choose which members to cover in this plan.

Member	Should this member be covered by this plan?	Does this member have Medicare coverage?	Does this member have any other coverage?
John Q. Employee	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Alicia Employee	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Kolten Employee	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

- Next, choose the persons you wish to cover. Remember that you must cover qualified dependent children to be eligible for the supplement. The cost for covering children is the same for one child or multiple children. Also choose if you want the premium deductions taken out of your pay pre-tax (before the taxes are calculated on your pay) or post-tax (after the taxes are calculated). Pre-tax may reduce your taxes, but know that you will be under strict rules about changing or cancelling coverage for the remainder of the plan year (through June 30, 2009). **If you are currently enrolled, you cannot change your pre or post-tax decision.**

### Step 2 - Choose who you would like to cover in this plan

Choose which members to cover in this plan.

Member	Should this member be covered by this plan?	Does this member have Medicare coverage?	Does this member have any other coverage?
John Q. Employee	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Alicia Employee	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Kolten Employee	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Astrid Employee	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Step 3 - Choose how you would like deductions taken for this plan

**Plan Specific Information**

Deductions: Please select one

Please select one  
☒ I would like my deduction on a pre-tax basis  
☐ I would like my deduction on a post-tax basis

**Your Medical Coverage**

Plan: **Great West Open Access 1500**

Coverage: **Employee and Children**

Cost: **\$182.72**

Covered Members: **John Q. Employee , Kolten Employee , Astrid Employee**

- Click “Next” at the bottom of the screen.
- The next screen is the review screen. This is your opportunity to review the choices you have made. If you wish to make a change to something, click “Make Changes” next to that item. When you have reviewed and are satisfied with your choices, click “Next.”

**Review Enrollment**

You're not done yet. This is your last chance to review before you confirm your elections.

After you have verified that all your information is correct, click on the "Next" button to continue to the final step.

**Step 1 - Personal Information** Make Changes

Name	Address	Date of Birth	Gender	Home Phone	Work Phone
John Q. Employee	321 Main St. Rifle, CO 80227	12/03/1975	Male		

**Step 2 - Dependent Information** Make Changes

**Alicia Employee**

Relationship	Address	Date of Birth	Gender	Student
Spouse		04/17/1981	Female	No

2) Tax Dependent? (See Reference Center for Details)  
Yes

**Kolten Employee**

Relationship	Address	Date of Birth	Gender	Student
Child		10/29/1996	Male	Yes

2) Tax Dependent? (See Reference Center for Details)  
Yes

- To complete this process, you must click “I Agree” on the next screen. If you do not click “I Accept” your elections will not be processed, you and your dependents will not be covered and you will not receive the supplement. **YOU MUST CLICK “I AGREE” ON THIS SCREEN TO FINISH YOUR ENROLLMENT.**

**Confirmation**

Your information has been submitted, but the request is **PENDING APPROVAL**.

Thank you for using the State of Colorado online enrollment system.

I Agree I Disagree

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You will be contacted when your enrollment is approved or if there are any questions about your enrollment. If you have additional questions, please contact the **Employee Benefits Team at 303.866.3434 / 1.800.719.3434 / [benefits@state.co.us](mailto:benefits@state.co.us)**.